

<b>Case Number:</b>	CM14-0182722		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old female who reported an injury on 05/31/2013. The mechanism of injury was twisting of the left knee and ankle. Her diagnoses include lumbar strain, left knee strain, and left ankle sprain. Her past treatments include 2 cortisone injections to her left knee and modified activities. The diagnostic studies were noted to include a MRI of the lumbar spine, performed on 02/27/2014, which revealed L3-4 disc bulge with facet arthropathy and mild bilateral neural foraminal narrowing; L4-5 central disc protrusion with posterior annular tear and moderate to severe lateral recess stenosis, as well as bilateral neural foraminal narrowing, and moderate central spinal canal stenosis; L5-S1 central disc protrusion and posterior annular tear with facet hypertrophy, moderate bilateral neural foraminal narrowing, and impingement on the L5 and S1 nerve roots bilaterally. She was also noted to have L5-S1 moderate central spinal canal stenosis. Additionally, an MRI of the left ankle, performed on 02/27/2014, revealed increased signal at the insertion of the Achilles tendon and mild sprain of the anterior talofibular ligament and posterior talofibular ligament. Relevant surgical history was not provided. On 08/28/2014, the injured worker presented with ongoing complaints of pain in her low back, left knee, left ankle and foot. She rated her pain 9/10, and that medication decreases her pain to 4/10. The objective findings revealed lumbar spine tenderness in the midline, decreased lumbar spine range of motion, hypertonicity of the paraspinals, and numbness in her left leg/knee down into her ankle. The left knee was noted to have tenderness to palpation of the medial joint line, decreased range of motion, and decreased strength. There was tenderness to palpation of the left ankle and decreased strength. Her medications were noted to include Norco. The treatment plan included obtaining authorization for Supartz injections to the left knee, continuation of previously prescribed medications, and a urine toxicology screen. A request was received for Kera-Tek analgesic gel and Supartz injections for the left knee;

however, the rationale was not provided for the Kera-Tek analgesic gel. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Kera-Tek analgesic gel 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 111-112 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** The request for Kera-Tek analgesic gel 4oz is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental with limited research studies to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, the guidelines recommend salicylate topical agents for chronic pain in accordance with recommendations for use of topical analgesics. The documentation submitted indicated the injured worker to have ongoing pain in her low back, left knee, and left ankle. However, there was insufficient documentation of failed antidepressants and anticonvulsants. The request failed to indicate frequency in which the medication was prescribed and where the topical agent would be applied. Additionally, there was insufficient documentation to significantly demonstrate the use of a topical analgesic over an oral nonsteroidal anti-inflammatory medication. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Kera-Tek analgesic gel 4oz is not medically necessary.

**Supartz injections to LT knee x 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Supartz (hyaluronate) and Hyaluronic acid injections

**Decision rationale:** The request for Supartz injections to LT knee x 5 is not medically necessary. The Official Disability Guidelines recommend a series of 3 to 5 Supartz injections for the treatment of osteoarthritis. More specifically, the guidelines recommend hyaluronic acid injections based on documented evidence of significantly symptomatic osteoarthritis that has not responded to conservative nonpharmacologic and pharmacologic treatments, or intolerance of these therapies, for at least 3 months; pain that interferes with functional activities and not attributed to other forms of joint disease; and documented evidence of a failed response to aspiration and injection of intra-articular steroids. The documentation submitted for review

indicated the injured worker received adequate pain management with medication, which is not indicative of a failed response to pharmacologic conservative treatment. Although the documentation did indicate she had pain that interfered with her functional activities, there was insufficient documentation to show significant symptomatic osteoarthritis and imaging studies to corroborate the presence of osteoarthritis. She was noted to have received 2 steroid injections to the left knee; however, there was a lack of documented failed response to the knee injections including objective VAS pain relief and insufficient documentation to show a failed response to knee aspiration. Additionally, there were no exceptional factors to significantly demonstrate the necessity of injections at this time. Furthermore, there was a lack of documentation to show a failed response to functional therapies. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for Supartz injections to LT knee x 5 is not medically necessary.